

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION		Attorney Docket Number	4002-3274/PC842.00																																										
		First Named Inventor	Sherman																																										
		COMPLETE IF KNOWN																																											
		Application No.																																											
<input type="checkbox"/> Declaration submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Filing Date	October 21, 2003																																										
		Group Art Unit																																											
		Examiner's Name																																											
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled</p> <p style="text-align: center;"><b>DYNAMIZABLE ORTHOPEDIC IMPLANTS AND THEIR USE IN TREATING BONE DEFECTS</b></p> <p style="text-align: center;"><i>(Title of Invention)</i></p> <p>The specification of which</p> <p><input type="checkbox"/> is attached hereto <b>OR</b></p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>October 21, 2003</u> as United States Application Number or PCT</p> <p>International Application Number <u>10/690,451</u> and was amended on (MM/DD/YYYY) (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:</p> <table border="1"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th><th rowspan="2">Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th>Yes</th><th>No</th></tr></thead><tbody><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p>I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.</p> <table border="1"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table> <p><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p>						Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		Yes	No				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)						
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

US Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

- ☒ Customer Number **30565**  
OR  
☐ Registered practitioner(s) name/registration number listed below.

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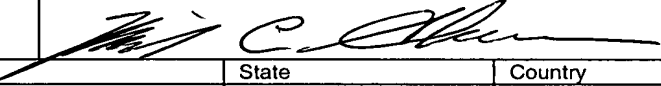
☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

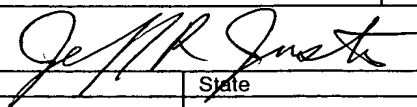
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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<b>DECLARATION</b>	Registered Practitioner Information (Supplemental Sheet)
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DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
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